

● PRINTER RUSH ●
(PTO ASSISTANCE)

Application : <u>10/615,010</u>	Examiner : <u>Peselev</u>	GAU : <u>1623</u>
From : <u>DP</u>	Location : <u>(IDC) FMF FDC</u>	Date : <u>8/3/05</u>
Tracking # : <u>6105084</u>		Week Date : <u>5/16/2005</u>

DOC CODE	DOC DATE	MISCELLANEOUS
<input type="checkbox"/> 1449	_____	<input type="checkbox"/> Continuing Data
<input type="checkbox"/> IDS	_____	<input type="checkbox"/> Foreign Priority
<input type="checkbox"/> CLM	_____	<input type="checkbox"/> Document Legibility
<input type="checkbox"/> IIFW	_____	<input type="checkbox"/> Fees
<input type="checkbox"/> SRFW	_____	<input type="checkbox"/> Other
<input type="checkbox"/> DRW	_____	
<input checked="" type="checkbox"/> OATH	<u>NONE</u>	
<input type="checkbox"/> 312	_____	
<input type="checkbox"/> SPEC	_____	

[RUSH] MESSAGE: Oath is illegible. please provide
clear copy of oath.

Thank you.

[XRUSH] RESPONSE: _____

Dave

INITIALS: PO

NOTE: This form will be included as part of the official USPTO record, with the Response document coded as XRUSH.
REV 10/04

Voice

Lydia Olson
212-527-7700

DARBY &
DARBY

Post Office Box
New York, NY 10150-5257
Tel: (212) 527-7700
Fax: (212) 527-7701

ATTORNEY/DOCKET NO.: 03818/100L651-US1DATE: September 16, 2005**TELECOPIER TRANSMISSION COVER SHEET**

NUMBER TRANSMITTING TO: 703-746-6830

TO: UNITED STATES PATENT AND TRADEMARK OFFICE

CONTACT: RORY BIRCH

ART UNIT: 1623

FROM: LYDIA G. OLSON, PH.D., (212) 527-7719

PAPER(S) BEING TRANSMITTED: APPLICATION DATA SHEET

NO. OF PAGES (INCLUDING COVER SHEET): 4

COMMENTS: Per our telephone conversation of earlier today.

CERTIFICATION OF FACSIMILE TRANSMISSIONSerial No.: 10/615,010Confirmation No.: 8179Filed: July 7, 2003


I hereby certify that these paper are being facsimile transferred to the United States Patent and Trademark Office on the date shown below.

Lawrence W. Jones

Name

September 16, 2005

Date


Signature**PLEASE RETURN TO LYDIA G. OLSON, PH.D.***** IF YOU DO NOT RECEIVE ALL PAGES, PLEASE TELEPHONE US IMMEDIATELY AT (212) 527-7777**

{W:\03818\100L651US1\00527399.DOC (NOT FOR RELEASE OUTSIDE THE USPTO) (NOT FOR RELEASE OUTSIDE THE USPTO)}

THE INFORMATION CONTAINED IN THIS FACSIMILE MESSAGE IS INTENDED ONLY FOR THE USE OF THE INDIVIDUAL OR ENTITY NAMED ABOVE. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT, OR THE EMPLOYEE OR AGENT RESPONSIBLE TO DELIVER IT TO THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION OR COPYING OF THIS COMMUNICATION IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, PLEASE IMMEDIATELY NOTIFY US BY TELEPHONE SO THAT WE CAN ARRANGE FOR THE RETRIEVAL OF THIS DOCUMENT AT NO COST TO YOU. THANK YOU.

Application Data Sheet**Application Information**

Application Type::	Regular
Subject Matter::	Utility
Suggested Group Art Unit::	1623
CD-ROM or CD-R?::	None
Sequence submission?::	None
Computer Readable Form (CRF)?::	No
Title::	NOVEL NONSTEROIDAL ANTI- INFLAMMATORY SUBSTANCES, COMPOSITIONS AND METHODS FOR THEIR USE
Attorney Docket Number::	03818/100L651-US1
Request for Early Publication?::	No
Request for Non-Publication?::	No
Small Entity?::	No
Petition included?::	No
Secrecy Order in Parent Appl.?::	No


Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	Croatia
Status::	Full Capacity
Given Name::	Mladen
Family Name::	Mercep
City of Residence::	Zagreb
Country of Residence::	Croatia
Street of mailing address::	Majstora Radonje 10
City of mailing address::	Zagreb

Country of mailing address:: Croatia
Postal or Zip Code of mailing address:: 10000

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Croatia
Status:: Full Capacity
Given Name:: Milan
Family Name:: Mesic
City of Residence:: Zagreb
Country of Residence:: Croatia
Street of mailing address:: Slavenskog 8
City of mailing address:: Zagreb
Country of mailing address:: Croatia
Postal or Zip Code of mailing address:: 10000

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Croatia
Status:: Full Capacity
Given Name:: Linda
Family Name:: Tomaskovic
City of Residence:: Zagreb
Country of Residence:: Croatia
Street of mailing address:: Kneza Ljudevita Posavskog 19A
City of mailing address:: Zagreb
Country of mailing address:: Croatia
Postal or Zip Code of mailing address:: 10000

{W:\03818\100L651US1\00527364.DOC  }

2

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Croatia
Status:: Full Capacity
Given Name:: Stribor
Family Name:: Markovic
City of Residence:: Zagreb
Country of Residence:: Croatia
Street of mailing address:: Loncareva 1
City of mailing address:: Zagreb
Country of mailing address:: Croatia
Postal or Zip Code of mailing address:: 47000

Correspondence Information

Correspondence Customer Number:: 07278

Representative Information

Representative Customer Number:: 07278

Domestic Priority Information

Provisional Application 60/394,671, filed July 8, 2002

Foreign Priority Information**Assignee Information**

Assignee name:: Pliva-Istrazivacki Institut d.o.o.

{W:\03818\100L651US1\00527364.DOC (20050916) (14:04 FAX 212 753 6237) (004) }